The Regulation and Quality Improvement Authority

Rosetta Dental Practice
RQIA ID: 11679
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Belfast
BT6 0LR

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Inspector: Stephen O'Connor
Inspection ID: IN021269

Announced Care Inspection of Rosetta Dental Practice

19 October 2015

1. Summary of Inspection

An announced care inspection took place on 19 October 2015 from 09:50 to 11:45. Overall on the day of the inspection the management of medical emergencies was generally found to be safe, effective and compassionate. It was identified that some improvement is needed to ensure that recruitment and selection is safe, effective and compassionate. An outstanding issue from the previous inspection also needs to be addressed. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 03 April 2014.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

The details of the QIP within this report were discussed with Ms Alison Johnston, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ms Alison Johnston	**Registered Manager:** Ms Alison Johnston
Person in Charge of the Practice at the Time of Inspection: Ms Alison Johnston	**Date Manager Registered:** 21 November 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	**Number of Registered Dental Chairs:** 2

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report and complaints declaration.

During the inspection the inspector met with Ms Alison Johnston, registered person, an associate dentist and the lead dental nurse.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment and three patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 03 April 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 03 April 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 **Ref**: Standard 13.1 **Stated: First time**	A number of areas at the practice have been identified which require refurbishment these include: • damage to the dental chairs; • minor damage to the flooring in both surgeries; and • some damage to shelving leaving wood exposed in surgery 1.	
	Action taken as confirmed during the inspection: It was observed that the flooring in both surgeries has been replaced and is fully compliant with HTM 01-05. The damaged shelving in surgery one has been repaired and a new dental chair was installed in surgery two during June 2014. However, the covering of the dental chair in surgery one was cracked and torn in places. Ms Johnston confirmed that she had prioritised the refurbishment of the practice and is aware that the identified dental chair needs to be reupholstered. This recommendation has in the main been addressed. A separate recommendation was made during this inspection that the dental chair in surgery one should be reupholstered.	**Partially Met**

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with Ms Johnston and staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with Ms Johnston and staff demonstrated that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF), and that emergency equipment

as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed that the oropharyngeal airways available had exceeded their expiry date. This was brought to the attention of Ms Johnston and the lead dental nurse. A robust system is in place to ensure that emergency medicines do not exceed their expiry date. Ms Johnston was advised that the expiry date check list should include emergency equipment. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Ms Johnston and staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection the arrangements for managing a medical emergency were generally found to be safe.

Is Care Effective?

The policy for the management of medical emergencies reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Ms Johnston and staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with Ms Johnston and staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection the arrangements for managing a medical emergency were found to be effective.

Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

Oropharyngeal airways that have exceeded their expiry date should be replaced. Emergency equipment should be included in the expiry date checklist.

Number of Requirements:	**0**	**Number of Recommendations:**	**1**

5.4 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy was amended during the inspection to include the arrangements for the procedure to be followed in regards to AccessNI checks, retaining details of employment history including an exploration of gaps in employment (if applicable) and obtaining a criminal conviction declaration by applicants. The amended policy was comprehensive and reflected best practice guidance.

Three personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph in one file;
- evidence that an enhanced AccessNI check was received;
- details of full employment history, in one file;
- evidence of current GDC registration, where applicable;
- criminal conviction declaration on application;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

The arrangements for enhanced AccessNI checks were reviewed. One file reviewed did not include any documentation in relation to an AccessNI check. Ms Johnston confirmed that this staff member did not require an AccessNI check as they do not work in the practice during opening hours. In two files it was identified that enhanced AccessNI had been undertaken, however the checks were received after the staff members commenced work. Although the practice had destroyed the original AccessNI checks in keeping with the AccessNI Code of Practice they had not recorded all pertinent information in relation to the checks and they had inaccurately recorded the unique identification number on the checks. These issues were discussed with Ms Johnston and the lead dental nurse.

As stated above only one of the files included positive proof of identity and details of full employment history. None of the files reviewed included evidence of qualifications or references. Ms Johnston advised that she had obtained references, however these were not available for review. Ms Johnston was advised that staff personnel files must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A staff register was retained containing staff details including, name, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. The staff register was amended during the inspection to include dates of birth. Ms Johnston is aware that the staff register is a live document that should be kept up-to-date.

Ms Johnston confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

On the day of the inspection it was identified that some improvement is needed to ensure recruitment and selection procedures are safe.

Is Care Effective?

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Three personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. A sample of three evidenced that induction programmes are completed when new staff join the practice.

Discussion with Ms Johnston confirmed that staff have been provided with a job description, contract of employment/agreement and have received induction training when they commenced work in the practice.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

On the day of the inspection it was identified that some improvement is needed to ensure recruitment and selection procedures are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect good practice in line with legislative requirements.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As previously stated, issues were identified in relation to enhanced AccessNI checks. The importance of obtaining enhanced AccessNI checks prior to commencement of employment, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Ms Johnston.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection recruitment and selection procedures were found to be compassionate.

Areas for Improvement

AccessNI checks must be received prior to any new staff commencing work in the practice. A record should be retained of the date the check was applied for, the date the check was received, the unique identification number on the check, and the outcome of the review.

Staff personnel files for any staff who commence work in the future, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity must be added to the identified files.

Number of Requirements:	**2**	**Number of Recommendations:**	**0**

5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Ms Alison Johnston, registered person, an associate dentist and the lead dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Four were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

5.5.3 Patient consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to the practice for completion. A copy of the most recent patient satisfaction report was available during the inspection.

Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Alison Johnston, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan

Statutory Requirements

Requirement 1 **Ref**: Regulation 19 (2) Schedule 2 **Stated: First time** **To be Completed by:** 19 October 2015	The registered person must ensure that the following issues in relation to enhanced AccessNI checks are addressed: • enhanced AccessNI checks must be received prior to any new staff commencing work in the practice; and • a record should be retained of the date the check was applied for, the date the check was received, the unique identification number on the check, and the outcome of the review. **Response by Registered Person Detailing the Actions Taken:** Agree to comply fully.
Requirement 2 **Ref:** Regulation 19 (2) (d) **Stated: First time** **To be Completed by:** 19 October 2015	The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. In addition proof of identity must be added to the identified files. **Response by Registered Person Detailing the Actions Taken:** Will alter forms to include information

Recommendations

Recommendation 1 **Ref**: Standard 13.1 **Stated: First time** **To be Completed by:** 19 January 2016	It is recommended that the dental chair in surgery one is reupholstered to provide an intact surface that can be easily cleaned. **Response by Registered Person Detailing the Actions Taken:** Awaiting quotes for reupholstering. Aim to complete prior to 1st January 2016.

Recommendation 2 **Ref**: Standard 12.4 **Stated: First time** **To be Completed by:** 19 November 2015	It is recommended that the expired oropharyngeal airways are replaced and that emergency equipment should be included in the expiry date checklist.
	Response by Registered Person Detailing the Actions Taken: airways ordered 5-11-15 and expiry date added to emerg drugs checklist.

Registered Manager Completing QIP	Alison Todd	**Date Completed**	11-11-15
Registered Person Approving QIP	Alison Todd	**Date Approved**	11-11-15.
RQIA Inspector Assessing Response		**Date Approved**	

Please ensure the QIP is completed in full and returned to RQIA's office

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RQIA Inspector Assessing Response	Stephen O'Connor	**Date Approved**	17/11/2015